

111TH CONGRESS
1ST SESSION

H. R. 2590

To amend title XVIII of the Social Security Act to reduce the occurrence of diabetes in Medicare beneficiaries by extending coverage under Medicare for medical nutrition therapy services to such beneficiaries with pre-diabetes or with risk factors for developing type 2 diabetes.

IN THE HOUSE OF REPRESENTATIVES

MAY 21, 2009

Ms. DEGETTE (for herself, Mr. CASTLE, Mr. BECERRA, and Mr. KIRK) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend title XVIII of the Social Security Act to reduce the occurrence of diabetes in Medicare beneficiaries by extending coverage under Medicare for medical nutrition therapy services to such beneficiaries with pre-diabetes or with risk factors for developing type 2 diabetes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Preventing Diabetes
5 in Medicare Act of 2009”.

1 **SEC. 2. FINDINGS.**

2 Congress finds the following:

3 (1) According to the American Diabetes Asso-
4 ciation, there are 57,000,000 people with pre-diabe-
5 tes in America.

6 (2) For a significant number of people with
7 pre-diabetes, intervening early can reverse elevated
8 blood glucose levels to normal range and prevent di-
9 abetes and its complications completely.

10 (3) Diabetes-related hospitalizations totaled
11 24.3 million days in 2007, an increase of 7.4 million
12 from the 16.9 million days in 2002.

13 (4) Preventing diabetes and its complications
14 can save money and lives. The average annual cost
15 to treat someone with diabetes is \$11,744.

16 (5) Diabetes is unique because its complications
17 and their associated health care cost are preventable
18 with currently available medical treatment and life-
19 style changes.

20 (6) In 2002, the Diabetes Prevention Program
21 study conducted by the National Institutes of Health
22 found that participants (all of whom were at in-
23 creased risk of developing type 2 diabetes) who made
24 lifestyle changes reduced their risk of developing
25 type 2 diabetes by 58 percent and that participants

1 aged 60 and older reduced their risk of developing
2 diabetes by 71 percent.

3 (7) The Agency for Healthcare Research and
4 Quality (AHRQ) has demonstrated that
5 \$2,500,000,000 in hospitalization costs related to
6 the treatment of diabetes or complications resulting
7 from diabetes could be saved by providing seniors
8 with appropriate primary care to prevent the onset
9 of diabetes.

10 (8) The Medicare program currently screens
11 and identifies beneficiaries with pre-diabetes but
12 does not provide adequate services to such bene-
13 ficiaries to prevent them from becoming diabetic.

14 **SEC. 3. MEDICARE COVERAGE OF MEDICAL NUTRITION**
15 **THERAPY SERVICES FOR PEOPLE WITH PRE-**
16 **DIABETES AND RISK FACTORS FOR DEVEL-**
17 **OPING TYPE 2 DIABETES.**

18 (a) IN GENERAL.—Subsection (s)(2)(V) of section
19 1861 of the Social Security Act (42 U.S.C. 1395x) is
20 amended—

21 (1) by inserting “, pre-diabetes (as defined in
22 subsection (hhh)),” after “with diabetes”; and

23 (2) by inserting “, or an individual at risk for
24 diabetes (as defined in subsection (yy)(2)),” after
25 “or a renal disease”.

1 (b) DEFINITION OF PRE-DIABETES.—Such section is
2 further amended by adding at the end the following new
3 subsection:

4 “Pre-Diabetes

5 “(hhh) The term ‘pre-diabetes’ means a condition of
6 impaired fasting glucose or impaired glucose tolerance
7 identified by a blood glucose level that is higher than nor-
8 mal, but not so high as to indicate actual diabetes.”.

9 (c) EFFECTIVE DATE.—The amendments made by
10 this section shall apply with respect to services furnished
11 on or after January 1, 2010.

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